



# CITY OF GRAND RAPIDS BUSINESS LICENSE APPLICATION

TYPE OF BUSINESS LICENSE

Pawnbroker

## 1. BUSINESS DATA

Business Name (DBA or other names used): \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Street Number and Name, City, State, Zip Code)

Mailing Address: \_\_\_\_\_  
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: \_\_\_\_\_ Business FAX: \_\_\_\_\_

Business E-mail address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Is building owned by applicant? (circle one) YES NO If not, Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact person for Inspection: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check appropriate box(es): ☐ Existing Building ☐ New Construction ☐ Remodel ☐ Change of Use

Present Use of Building (if vacant, what was last use?): \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Sales Tax License Number: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Sales Activity (circle one): NONE WHOLESALE RETAIL Do you dispense or sell: liquor \_\_\_\_\_ food \_\_\_\_\_  
yes/no yes/no

### Manager or person principally in charge of operation of business

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Individual in charge of Accounting Records (CEO, CFO, CCO)

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## 2. OWNERSHIP TYPE

|                    |                            |                 |             |
|--------------------|----------------------------|-----------------|-------------|
| <u>Circle One:</u> | Individual/Sole Proprietor | Sole Member LLC | Partnership |
|                    | Corporation                | LLC             | Other _____ |

### A. Complete this section if you circled Individual/Sole Proprietor or Sole Member LLC.

Owner's Name: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. Complete this section if you circled Partnership, Corporation, LLC or Other.**

Official Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Michigan Corporate/LLC ID #: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

LLC Qualification Date: \_\_\_\_\_

**List all Owners, Partners or Corporate Officers**

1. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Attach list if there are additional persons.**

**3. I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.**

\_\_\_\_\_  
**Applicant's Printed Name** **Applicant's Title**

\_\_\_\_\_  
**Applicant's Signature** **Date of Birth** **Date**

City Clerk's Office ☐ Approved ☐ Disapproved

\_\_\_\_\_  
**City Clerk or designee** **Date** **Rev 09-09**

**City of Grand Rapids**  
**Business License Application – Part II**



**This form must be submitted with all license applications. Applicants are required to read and initial all sections below.**

Business Name: \_\_\_\_\_

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials\_\_\_\_\_

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials\_\_\_\_\_

I understand the license year applicable to all licenses shall begin on July 1<sup>st</sup> of each year and shall end on June 30<sup>th</sup> of the following year.

Initials\_\_\_\_\_

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials\_\_\_\_\_

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials\_\_\_\_\_

I understand that other departments needing to make a recommendation on my application may require an inspection.

Initials\_\_\_\_\_

I understand the business property must have the proper zoning classification before a license can be issued.

Initials\_\_\_\_\_

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials\_\_\_\_\_

If a license is denied, I understand I must file an appeal in writing to the City Clerk's Office, 300 Monroe Avenue NW, Grand Rapids, MI 49503, within 10 days of notification of the denial.

Initials\_\_\_\_\_

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor.

Initials\_\_\_\_\_

I understand that I will not be able to claim 100% Principal Residence Exemption if I am making my home or part of my home available for rental.

Initials \_\_\_\_\_

If an interpreter was used, please provide their name and number below.

\_\_\_\_\_  
Name of interpreter (printed)

\_\_\_\_\_  
phone number

## PAWNBROKER BOND

[As required by MCL 446.202(4) and Grand Rapids City Code Sec. 7.273]

\_\_\_\_\_, dba \_\_\_\_\_, as Principal,  
and, \_\_\_\_\_, a corporation organized under the laws of the State  
Surety #1, and \_\_\_\_\_, a corporation organized under the laws of  
the State of \_\_\_\_\_, and authorized to transact surety business in Michigan, as Surety #2,  
are bound to the City of Grand Rapids, a Michigan municipal, as obligee [on behalf of each and every person who  
may be damaged by a breach of a condition of this bond], in the penal sum of Three Thousand Dollard  
(\$3,000.00), for payment of which we bind ourselves, our heirs, executors, administrators, successors, and  
assigns, jointly and severally by this instrument.

The Condition of the above obligation is such that, if the Principal shall in all respects faithfully comply  
with and observe all the requirements of Act 273 of the Public Acts of 1917, as amended (MCL 446.201 *et.seq.*),  
and faithfully perform the duties and obligations of the business of pawnbroker, including complying with the City  
Charter and City Code, then this obligation to be void; otherwise, to remain in full force and effect during the  
license term and any renewals thereof, and for a period of ninety (90) days thereafter.

Either Surety may cancel this bond by giving thirty (30) days written notice to the Principal, the other  
Surety, and the City. The Surety giving such notice shall be relieved of liability for acts or omissions of the  
Principal occurring after the expiration of such 30-day notice period but shall remain liable for acts or omissions  
occurring prior thereto.

In witness whereof, the seal and the signature of the Principal and the corporate seals and names of the  
Sureties are affixed here this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

[Copy of Powers of Attorney must be attached.]

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety #1

\_\_\_\_\_  
Its Attorney-in-Fact

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On \_\_\_\_\_, 2\_\_\_\_\_, before me, \_\_\_\_\_,  
the undersigned, personally appeared \_\_\_\_\_, known to me or satisfactorily  
proven to be, the person whose name is subscribed as Attorney-in-Fact for \_\_\_\_\_,  
(Surety #1), a corporation, and acknowledged that he/she executed the above instrument as the act of his/her  
Corporation, for the purpose contained there.

In witness, I have set my hand and official seal.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Acting in \_\_\_\_\_ County, \_\_\_\_\_

\_\_\_\_\_  
Surety #2

\_\_\_\_\_  
It's Attorney-in-Fact

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On \_\_\_\_\_, 2\_\_\_\_\_, before me, \_\_\_\_\_,  
the undersigned, personally appeared \_\_\_\_\_, known to me, or satisfactorily  
proven to be, the person whose name is subscribed as Attorney-in-Fact for \_\_\_\_\_,  
(Surety), a corporation, and acknowledged that he/she executed the above instrument as the act of his/her  
Corporation, for the purposes contained there.

In witness, I have set my hand and official seal.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Acting in \_\_\_\_\_ County, \_\_\_\_\_

Approved on \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Risk Management